

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

**791
1003**

File No.....

25278

Township.....

Primary Registration District No.....

Registered No.....

20298

City St. Louis (No. 819)

Gano Av

St. Ward)

2. FULL NAME

(a) Residence. No. 819 Gano

St., 9 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs. mos. ds.

How long in U.S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Amelia Beck

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sept 22 1861

7. AGE

YEARS
66

MONTHS
9

DAYS
13

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

Office

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

New Hampshire

10. NAME OF FATHER

Benny Cakes

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

New Hampshire

12. MAIDEN NAME OF MOTHER

Emel Antenson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

New Hampshire

14.

INFORMANT

(Address)

A.C. Cakes
544a Gano Ave.

15.

FILED

7 1927

W.C. Starker

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 5 1928

17.

I HEREBY CERTIFY, That I attended deceased from

July 4 1928, to July 5 1928, and that I last saw him alive on July 4 1928, at 12:33 p.m., and that death occurred, on the date stated above, at 12:33 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hepatic carcinoma

CONTRIBUTORY

(SECONDARY)

44B?

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH.....

DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

Symptoms

(Signed).....

J.P. Sherman, M.D.

, 19

(Address) 6753 Regy

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Valhalla Cem.

7-9 1928

20. UNDERTAKER

ADDRESS

Witt Bros & Co. 2929 S. Jefferson

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

